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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/032,198	
	Filing Date	12/20/2001	
	First Named Inventor	Vlad J. Novotny	
	Art Unit	2873	
	Examiner Name	Choi, William C.	
Total Number of Pages in This Submission	24	Attorney Docket Number	AO-001

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	2. 2 Copies of drawing 10/27; 1 copy showing
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	the changes to be made in red; and 1 "clean" copy showing the changes made.	
	3. 2 copies of drawing 10/27; 1 copy showing the changes to be made in red; and 1 "clean" copy showing the changes made.	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Silicon Edge Law Group LLP - Arthur J. Behiel	
Signature		
Date	December 23, 2003	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Laurie Morano	
Signature		Date 12/23/2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Docket Number
10 032, 198

CLAIMS AS FILED – PART I

(Column 1)		(Column 2)	
FOR	NUMBER FILED	NUMBER EXTRA	
BASIC FEE (37 CFR 1.16(a))			
TOTAL CLAIMS (37 CFR 1.16(c))	41 minus 20 =	21	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	5 minus 3 =	2	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			

RATE	FEE
	\$ _____
x \$ 9 =	189.00
x \$ 42 =	84.00
+ \$ _____ =	
TOTAL	273.00

OTHER THAN SMALL ENTITY	
RATE	FEE
	\$ _____
x \$ _____ =	
x \$ _____ =	
+ \$ _____ =	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED – PART II

(Column 1)		(Column 2)	(Column 3)	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	23	Minus	41	= 1
Independent (37 CFR 1.16(b))	9	Minus	5	= 4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDITIONAL FEE
x \$ _____ =	
x \$ 43 =	172.00
+ \$ _____ =	
TOTAL ADD'L FEE	172.00

OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE
x \$ _____ =	
x \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

(Column 1)		(Column 2)	(Column 3)	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))		Minus		=
Independent (37 CFR 1.16(b))		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDITIONAL FEE
x \$ _____ =	
x \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
x \$ _____ =	
x \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

(Column 1)		(Column 2)	(Column 3)	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))		Minus		=
Independent (37 CFR 1.16(b))		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDITIONAL FEE
x \$ _____ =	
x \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
x \$ _____ =	
x \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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